

CALIFORNIA DEPARTMENT OF TRANSPORTATION
DIVISION OF MASS TRANSPORTATION
TECHNICAL ASSISTANCE AND TRAINING PROGRAM

FREE VEHICLE MAINTENANCE WORKSHOPS

REGISTRATION FORM

[please print or type]

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code/Telephone Number: _____

Area Code/FAX Number: _____

ATTENDEE - First Name: _____ Last Name: _____

Email: _____

WORKSHOP YOU PLAN TO ATTEND:

CHP: _____ Date: _____ Location: _____

W/C Lift: _____ Date: _____ Location: _____

ATTENDEE - First Name: _____ Last Name: _____

Email: _____

WORKSHOP YOU PLAN TO ATTEND:

CHP: _____ Date: _____ Location: _____

W/C Lift: _____ Date: _____ Location: _____

Please fax to dee Berry at Caltrans - 916.654.9366 or 916.654.9489
Call for more information - 916.654.9392